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## **Appendix E. Facsimile of SIPP Child Care Questionnaire**

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## Section 5 — TOPICAL MODULES

### Part A — CHILD CARE

**CHECK  
ITEM T1**

Is . . . the designated parent or guardian  
of children under 15 years of age who  
live in this household?

**8000**

- 1 ☐ Yes  
2 ☐ No — *SKIP to Check Item T5*

**CHECK  
ITEM T2**

Is "Worked" marked on the ISS for . . . ?

**8002**

- 1 ☐ Yes  
2 ☐ No — *SKIP to Check Item T5*

**CHECK  
ITEM T3**

Enter names, ages  
and person  
numbers of  
children under 15,  
beginning with the  
youngest.

Ask 1a — 1f for  
youngest child  
and then repeat  
for second and  
third youngest  
child.

**YOUNGEST**
**SECOND YOUNGEST**
**THIRD YOUNGEST**

Person No.

**8004**
  

Name

Age

Person No.

**8006**
  

Name

Age

Person No.

**8008**
  

Name

Age

**1 a. Now we have  
a few  
questions  
about how  
the children  
are cared for  
while . . .  
works.**

During (Last  
month) what  
was (Name of  
child) usually  
doing or how  
was (Name of  
child) usually  
cared for dur-  
ing most of the  
hours that  
. . . worked?

Mark the  
arrangement in  
which the child  
spent the most  
hours in a  
typical week.

Mark (X) only  
one box.

**8010**

- 1 ☐ Child's other  
parent/stepparent  
2 ☐ Child's brother/  
sister 15 +  
3 ☐ Child's brother/sister  
under 15  
4 ☐ Child's grandparent  
5 ☐ Other relative of child  
6 ☐ Nonrelative of child  
7 ☐ Child in  
day/group care  
center  
8 ☐ Child in  
nursery/preschool  
9 ☐ Child in  
kindergarten,  
elementary or  
secondary school  
10 ☐ Child cares for  
self  
11 ☐ . . . works at home  
12 ☐ . . . cares for  
child at work  
13 ☐ Child not  
born as of  
last month  
14 ☐ . . . did not  
work last  
month

*SKIP to 1c*

**8012**

- 1 ☐ Child's other  
parent/stepparent  
2 ☐ Child's brother/  
sister 15 +  
3 ☐ Child's brother/sister  
under 15  
4 ☐ Child's grandparent  
5 ☐ Other relative of child  
6 ☐ Nonrelative of child  
7 ☐ Child in  
day/group care  
center  
8 ☐ Child in  
nursery/preschool  
9 ☐ Child in  
kindergarten,  
elementary or  
secondary school  
10 ☐ Child cares for  
self  
11 ☐ . . . works at home  
12 ☐ . . . cares for  
child at work  
13 ☐ Child not  
born as of  
last month

*SKIP to 1c*

**8014**

- 1 ☐ Child's other  
parent/stepparent  
2 ☐ Child's brother/  
sister 15 +  
3 ☐ Child's brother/sister  
under 15  
4 ☐ Child's grandparent  
5 ☐ Other relative of child  
6 ☐ Nonrelative of child  
7 ☐ Child in  
day/group care  
center  
8 ☐ Child in  
nursery/preschool  
9 ☐ Child in  
kindergarten,  
elementary or  
secondary school  
10 ☐ Child cares for  
self  
11 ☐ . . . works at home  
12 ☐ . . . cares for  
child at work  
13 ☐ Child not  
born as of  
last month

*SKIP to 1c*

**b. Where was  
(Name of child)  
usually cared  
for under this  
arrangement?**
**8016**

- 1 ☐ Child's home  
2 ☐ Other private  
home  
3 ☐ Other place —  
Specify

**8018**

- 1 ☐ Child's home  
2 ☐ Other private  
home  
3 ☐ Other place —  
Specify

**8020**

- 1 ☐ Child's home  
2 ☐ Other private  
home  
3 ☐ Other place —  
Specify

**c. Was  
(Name of  
child) usually  
cared for this  
way during  
all of the  
hours that . . .  
worked?**
**8022**

- 1 ☐ Yes — *SKIP to  
next child or Check  
Item T4*  
2 ☐ No

**8024**

- 1 ☐ Yes — *SKIP to  
next child or Check  
Item T4*  
2 ☐ No

**8026**

- 1 ☐ Yes — *SKIP to  
Check Item T4*  
2 ☐ No

**d. About how  
many hours  
per week was  
(Name of child)  
usually cared  
for under this  
arrangement  
while . . . was  
at work?**
**8028**

Hours

**8030**

Hours

**8032**

Hours

<b>Section 5 — TOPICAL MODULES (Continued)</b>			
<b>Part A — CHILD CARE (Continued)</b>			
<b>1e. What did (Name of child) do or how was (Name of child) cared for during most of the other hours that ... worked?</b>  <i>Mark the arrangement in which the child spent the second most hours in a typical week.</i>  <i>Mark (X) only one box.</i>	<b>8034</b> <b>YOUNGEST</b> 1 <input type="checkbox"/> Child's other parent/stepparent 2 <input type="checkbox"/> Child's brother/sister 15 + 3 <input type="checkbox"/> Child's brother/sister under 15 4 <input type="checkbox"/> Child's grandparent 5 <input type="checkbox"/> Other relative of child 6 <input type="checkbox"/> Nonrelative of child 7 <input type="checkbox"/> Child in day/group care center 8 <input type="checkbox"/> Child in nursery/preschool 9 <input type="checkbox"/> Child in kindergarten, elementary or secondary school 10 <input type="checkbox"/> Child cares for self 11 <input type="checkbox"/> ... works at home 12 <input type="checkbox"/> ... cares for child at work <div style="text-align: right; font-size: small;">} <i>SKIP to next child or Check Item T4</i></div>	<b>8036</b> <b>SECOND YOUNGEST</b> 1 <input type="checkbox"/> Child's other parent/stepparent 2 <input type="checkbox"/> Child's brother/sister 15 + 3 <input type="checkbox"/> Child's brother/sister under 15 4 <input type="checkbox"/> Child's grandparent 5 <input type="checkbox"/> Other relative of child 6 <input type="checkbox"/> Nonrelative of child 7 <input type="checkbox"/> Child in day/group care center 8 <input type="checkbox"/> Child in nursery/preschool 9 <input type="checkbox"/> Child in kindergarten, elementary or secondary school 10 <input type="checkbox"/> Child cares for self 11 <input type="checkbox"/> ... works at home 12 <input type="checkbox"/> ... cares for child at work <div style="text-align: right; font-size: small;">} <i>SKIP to next child or Check Item T4</i></div>	<b>8038</b> <b>THIRD YOUNGEST</b> 1 <input type="checkbox"/> Child's other parent/stepparent 2 <input type="checkbox"/> Child's brother/sister 15 + 3 <input type="checkbox"/> Child's brother/sister under 15 4 <input type="checkbox"/> Child's grandparent 5 <input type="checkbox"/> Other relative of child 6 <input type="checkbox"/> Nonrelative of child 7 <input type="checkbox"/> Child in day/group care center 8 <input type="checkbox"/> Child in nursery/preschool 9 <input type="checkbox"/> Child in kindergarten, elementary or secondary school 10 <input type="checkbox"/> Child cares for self 11 <input type="checkbox"/> ... works at home 12 <input type="checkbox"/> ... cares for child at work <div style="text-align: right; font-size: small;">} <i>SKIP to Check Item T4</i></div>
<b>f. Where was (Name of child) usually cared for under this other arrangement?</b>	<b>8040</b> 1 <input type="checkbox"/> Child's home 2 <input type="checkbox"/> Other private home 3 <input type="checkbox"/> Other place — <i>Specify</i> _____	<b>8042</b> 1 <input type="checkbox"/> Child's home 2 <input type="checkbox"/> Other private home 3 <input type="checkbox"/> Other place — <i>Specify</i> _____	<b>8044</b> 1 <input type="checkbox"/> Child's home 2 <input type="checkbox"/> Other private home 3 <input type="checkbox"/> Other place — <i>Specify</i> _____
<b>CHECK ITEM T4</b>	<b>8046</b> Are any of the children cared for by a "Grandparent," "Other relative of child," "Nonrelative of child," "Day/Group Care center," or "Nursery or preschool"? (Codes 4, 5, 6, 7, or 8 marked in 1a or 1e) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — <i>SKIP to Check Item T5</i>		
<b>2a. Did ... (or ...'s family) usually pay (cash) for any of the child care that ...'s children received?</b> <i>Include cost of preschool and nursery school; exclude cost of kindergarten, elementary or secondary school.</i>	<b>8048</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — <i>SKIP to 2c</i>		
<b>b. In a typical week, how much did ... (or ...'s family) pay for child care (for all children receiving child care)?</b>	<b>8050</b> <div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 80px; height: 20px; margin-right: 5px;"></div> <div style="margin-right: 5px;">\$</div> <div style="border: 1px solid black; width: 40px; height: 20px; margin-right: 5px; text-align: center;">00</div> <div>Per week</div> </div>		
<b>c. (Besides any cash payment) Did ... pay for any child care through a noncash arrangement such as providing room and board or exchanging child care services?</b>	<b>8052</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No		
<b>3. During the month of (last month) did ... (or ...'s spouse) lose any time from work because the person who usually took care of the child (children) was not available?</b>	<b>8054</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No		
<b>NOTES</b>			